Crowded juvenile corrections facilities, unacceptably high recidivism rates, and escalating correctional confinement costs were among the factors that fostered this research on intensive juvenile aftercare. The researchers theorized that if juvenile offenders receive intensive intervention while they are incarcerated, during their transition to the community, and when they are under community supervision, they would benefit in such areas as family and peer relations, education, jobs, substance abuse, mental health, and recidivism.

Since the late 1980s, the researchers, funded by grants from the Office of Juvenile Justice and Delinquency Prevention (OJJDP), have assessed transition and aftercare programs for youthful offenders developed by State authorities across the Nation. Working with juvenile justice authorities and a sample group of offenders in four States, the research team is implementing a working model to provide the youths with comprehensive, ongoing services, both while they are incarcerated and when they return to their communities.

The Intensive Aftercare Program (IAP) model draws on supervision and intervention research conducted over the past several decades. The research team developed a conceptual framework that incorporated several corrections theories. The project goal is to reduce juvenile recidivism by providing carefully targeted services and counseling to youthful offenders throughout correctional supervision, prerelease, community reentry, and community supervision. The model, with an eye to previous developmental and empirical research and the lessons learned from previous interventions, stresses collaboration among the juvenile justice system, parole and probation, and community-based service providers. The National Council on Crime and Delinquency (NCCD), under an OJJDP grant, is conducting an independent third-party evaluation of the demonstration.1

Who is involved
Originally, four States—Colorado, Nevada, Virginia, and New Jersey—participated in the project. Currently, 293 boys are enrolled in the program: 72 in Colorado, 87 in Nevada, 68 in New Jersey, and 66 in Virginia. Early in 1998, New Jersey agreed to discontinue its participation in the project, so no more juveniles will enter its IAP. The project will take in participants from the other three States until November 1998 and will continue to work with them during their incarceration (generally 7 to 12 months) and during their transition back into the community through mid-2000.

In Nevada, 97 percent of the IAP’s participants had appeared before a judge three or more times previously; in New Jersey, 93 percent; in Virginia, 89 percent; and in Colorado, 30 percent. In Nevada 62 percent of the IAP participants had been before a judge three times previously for felonies; in New Jersey, 67 percent; and in Virginia, 53 percent. In Colorado, the crimes that send juveniles to correctional facilities tend to be serious, violent felonies, which is the major reason the numbers for that State are lower.

Most youths in the IAP program have dropped out of school or have not attended school for some time. Between 20 percent and 55 percent of the participants had been abused or neglected as children. Between 33 percent and 66 percent of the participants have major substance abuse problems, and between 25 percent and 75 percent had sold drugs in the last year. About half or more of the participants had family members who had been incarcerated in the past. About half of the participants in all of the sites had family members who had seriously abused drugs in the past 5 years.

Key stakeholders and senior decisionmakers (e.g., the courts, youth authorities, and citizen review boards) within each participating State’s juvenile justice system have joined interagency teams to determine with the researchers.
how program development, implementation, administration, and evaluation decisions would be made. The teams addressed and clarified areas of confusion or fragmentation in the decisionmaking chain. Each State was asked to identify a particular jurisdiction (preferably with the highest proportion of juvenile offenders) and correctional institution (preferably the State's highest security facility for juveniles) to participate in the demonstration project.

Earlier research had shown that intensively supervising and monitoring offenders is very likely to turn up technical parole violators, who, in turn, are subject to revocation and reincarceration. Moreover, lower risk offenders have been shown to do worse under intensive supervision than under routine supervision. Thus, each participating correctional site produced an empirically based risk assessment instrument to identify likely reoffenders within its care. Based upon this assessment, youngsters were randomly chosen to participate in either the IAP or a control group in the general population of the facility.

**Plans, resources, and services**

Youths chosen for the IAP live in specified cottages in the correctional facility. Carefully chosen staff assigned to these cottages work closely with each youth's case management team, which includes parole officials and aftercare providers. Each facility develops a transition plan that meets the needs of the youngster and the jurisdiction. The plan focuses on risk factors that revolve around family, peers, community, and school and identifies what types of services should be provided to address these areas of the youngster's life. Once the risk factors that might lead a youth to reoffend are identified, resources and services (such as drug or alcohol counseling) are brought into the transition process.

One objective of the program is to ensure that specialized treatment begins while the juvenile is in confinement continues when he returns to the home community. The program emphasizes the development of a plan to meet staffing and resource needs even when the participating correctional facility is far from a transitioning juvenile's home community. While each jurisdiction was asked to develop a graduated system of response to parole violations, researchers also looked at ways the States could incorporate rewards and other incentives into their assessment of the progress of the juveniles and their families.

An important component of service delivery is the ongoing contact that the parole officer or aftercare provider has with the youngster. The services received by juveniles in the IAP include mental health services, victim sensitivity training, drug and alcohol counseling, health-related services, and life skills training. Returning to their public school system is only a remote possibility for most participating youths, so the project directors are looking into alternative schools and other special educational possibilities in the participating jurisdictions.

**Evaluation findings**

The initial NCCD evaluation found that IAP program juveniles under community supervision averaged between twice and four times as many face-to-face and telephone contacts with their parole officers as the control group. Researchers will track the progress of juveniles who have gone through intensive aftercare and compare their recidivism rates against those of juveniles who have been under traditional release supervision in the community. Program graduates will be monitored for new arrests, appearances before a judge, and convictions, as well as for their social adjustments, family relations, jobs, substance abuse, and so on. This information will help researchers determine what services work best and how intensely they should be applied.

In Colorado (and mirrored in the other three States), research showed that during confinement, the record was mixed on whether IAP participants were more likely to receive various services than the control group. At the same time, the intensity (dosage) of some services provided to IAP participants was greater. In certain other instances, control group participants actually received more of some services during confinement than the IAP group. Researchers theorize that a small group of juveniles within the control group have serious problems that require intense intervention by their case workers, who tend to focus on these "squeaky wheels" at the expense of other clients. Researchers will track these youths' progress once they return to their communities.

Finally, the research team will try to answer two questions: First, what differences exist—in terms of both the prevalence and the intensity of surveillance and services provided—between routine juvenile aftercare and intensive aftercare during community release? Second, how do these differences affect recidivism?

**Notes**

1. The NCCD evaluation provides feedback to the project sites and the researchers who designed the model; they now provide technical assistance to the sites.

2. OJJDP will publish a Bulletin "Reintegration, Supervised Release, and Intensive Aftercare," written by Dr. Altschuler and Dr. Troy Armstrong. The publication describes several reintegration and supervised release experiments and compares them to the OJJDP intensive aftercare model and experiment. The Bulletin also includes a "Commentary on Aftercare Research and Evaluations" by Dr. Doris Layton MacKenzie, which is based on a report to the U.S. Congress she coauthored, Preventing Crime: What Works, What Doesn't, What's Promising, Office of Justice Programs, Research Report, Washington, DC: U.S. Department of Justice, National Institute of Justice, 1997, NCJ 165366.

This Research Preview is based on a presentation by David M. Altschuler, Ph.D., principal research scientist at the Institute for Policy Studies and an adjunct associate professor of sociology at Johns Hopkins University. Coprincipal investigator on the project is Troy Armstrong, Ph.D., professor of anthropology at California State University—Sacramento. As part of NIJ's Research in Progress Seminar Series, Dr. Altschuler discussed his OJJDP-sponsored research (grants 87–JS–CX–K094 and 95–MU–MU–K016) with an audience of researchers and criminal justice professionals and practitioners. A 60-minute VHS videotape, Reintegrating Juvenile Offenders Into the Community: OJJDP's Intensive Community-Based Aftercare Demonstration Program, is available for $19 ($24 in Canada and other countries). Please ask for NCJ 170033. Use the order form on the next page to obtain this videotape and any of the other tapes now available in the series.

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NCJ 152238—Arthur L. Kellermann, M.D., M.P.H., Director, Center for Injury Control, and Associate Professor, Emory University: Understanding and Preventing Violence: A Public Health Perspective.

NCJ 152692—James Inciardi, Ph.D., Director, Drug and Alcohol Center, University of Delaware: A Correction-Based Continuum of Effective Drug Abuse Treatment.

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